

STATE OF NEW JERSEY
W-9/QUESTIONNAIRE

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9/VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF N.J. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.

PART I. D NAME/ADDRESS (REMIT TO:)	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION Enter your taxpayer identification number and indicate whether it is a social security or employer identification number by marking the appropriate box.	Return completed form to: OMB VENDOR CONTROL PO BOX 221 TRENTON, N.J. 08625 FAX 609-292-4882
		Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.

4. Taxpayer Identification Number (Enter your correct TIN below ONLY if it differs from the # printed in the box.) <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid black; width: 150px; height: 20px; margin-right: 10px;"></div><div style="display: flex; gap: 5px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></div>	MARK THE APPROPRIATE BOX: <div style="margin-top: 5px;"><input type="checkbox"/> SOCIAL SECURITY NUMBER <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER</div>	
5. For Payees Exempt From Backup Withholding (Contact the IRS for instructions)	Requester's name and address (optional)	
6. Certification: Under penalties of perjury, I certify that: <div style="margin-top: 10px;">(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.</div> <p>Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.</p>		
Please Sign Here	Signature >	Date >

PART II. VENDOR DATA	STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE
1. Enter the code from the list below that best describes your business function: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="width: 45%;"><u>VENDORS</u> <div style="display: flex; align-items: flex-start; margin-top: 5px;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div>HC = HEALTH CARE SERVICE (NON-STATE AGENCIES) VG = VENDORS WHO SELL OR MANUFACTURE GOODS VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS <u>MISCELLANEOUS VENDORS</u> OT = OTHER MISCELLANEOUS VENDORS (Please Specify) _____</div></div></div><div style="width: 50%;"><u>GOVERNMENTAL ENTITIES</u> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"><div style="width: 30%;">AC = AUTHORITY/COMMISSION CF = CONFIDENTIAL FUND CM = COUNTY/MUNICIPAL GOVT. CU = STATE COLLEGE/UNIVERSITY EP = NJ STATE EMPLOYEE FA = FEDERAL AGENCY</div><div style="width: 30%;">FD = FIRE DISTRICT PC = PETTY CASH SA = STATE AGENCY SD = SCHOOL DISTRICT WB = WELFARE BOARD</div></div></div></div>	
2. Enter Primary Contact Information Below. PHONE: (____) _____ - _____ NAME: _____ TITLE: _____	
IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR A PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.	
3. What is the principal activity of your organization? <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div>M = MANUFACTURING H = HEALTH RELATED SERVICE S = SERVICE G = GOVERNMENT O = OTHER (Please Specify) _____</div></div>	
4. Enter the code from the list below that best describes your organization: <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div><div>C = CORPORATION I = INDIVIDUAL P = PARTNERSHIP A = ASSOCIATION J = JOINT O = OTHER (Please Specify) _____</div></div>	
5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY (See reverse side for appropriate code.) <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div></div>	
IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)	